PTO/S8/80 (11-09)
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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO					
I hereby revoke all previous powers of attorne	y given in the appl	cation identified in the a	ttached statement under		
I hereby appoint:			1		
Practitioners associated with the Customer Number	г	20995			
OR			1		
Practitioner(s) named below (if more than ten pater	nt practitioners are to b	e named, then a customer nur	nber must be used):		
Name	Registration	Name	Registration		
	Number		Number		
	80				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).					
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:					
The address associated with Customer Number: 20995					
OR					
Firm or Individual Name					
Address					
City	State		Zip		
•	- Clare		L		
Country					
Telephone		Email			
Assignee Name and Address:					
Xilushua Networks Limited Liability Company 2711 Centerville Road, Suite 400					
Wilmington, DE 19808					
A copy of this form, together with a statement	under 37 CFR 3.73(	b) (Form PTO/SB/96 or ed	uivalent) is required to be		
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,					
and must identify the application in which this Power of Attorney is to be filed.					
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature	auppriou octow i	Date	10/17/10		
<u> </u>			-111110		
Name Unary Babwarg Brown Telephone					
Title U Authorized Person for Xilushua Networks Limited Liability Company					

This collection of information is required by 37 CFR 3.1, 1.22 and 1.33. The information is required to detain or retain a benefit by the public which is in the face by the USPT to presence an expectation. Condentable by somewhat by 58 U.S.C. 12 and 37 CFR 11 and 1.41. This collection is estimated to ideal of minutes to complete, including quithering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time by our quiet to complete this form and/or supagestions, including testing upon the individual case. Any comments on the amount of time by our quiet to complete this form and/or supagestions, include is sent in the Other Information CRU. U.S. Patient and Trademark. Office, U.S. Department of Commerce, P.O. Box 1489, Abonandia, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO 111-30.0PCRSS. SEND TO: Commissioner for Potentis, P.O. Box 4140, Abonandia, V.A. 22313-1450.

## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Mary Brown (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Xilushua Networks Limited Liability Company.

Mary Brown Mary Brown Authorized Person for Xilushua Networks Limit	ed Liabil	ity Company